



Virginia Arts Economic Stimulus 2009 – 2010 QUARTERLY REPORT

QUARTERLY REPORT DEADLINES: *(Reports must be received in the Commission offices by 5 p.m. on the deadline date.)*

1st quarter – October 1, 2009 * 2nd quarter – January 4, 2010 * 3rd quarter - April 1, 2010 *
4th quarter – July 1, 2010

GRANTEE INFORMATION

Organization Name _____ Grant ID # 10-

Mailing Address _____

Contact Person/Title _____ Telephone _____

Contact Email _____ Total Grant Amount \$ _____

DUNS # _____ Federal Employer ID # _____

SUMMARY INFORMATION

Title of Position Funded _____ Name of employee _____

This position is considered ☐ Full-time ☐ Part-time Annual salary of position \$ _____

FOR THIS QUARTER *The data must be based on an after-the-fact determination of the employee's actual activities (i.e., these cannot be estimated in advance). For example, the distribution of time might be determined based on notes from personal calendars and/or reasonable estimates of time spent on various activities.*

Reporting for: ☐ 1st quarter (July 1 – September 30, 2009) ☐ 2nd quarter (October 1 – December 31, 2009)
☐ 3rd quarter (January 1 – March 31, 2010) ☐ 4th quarter (April 1 – June 30, 2010)

Total # hours worked _____ (part-time only) Hours worked paid by this grant _____

Amount of Grant expended \$ _____

Was position filled the entire 3-months? ☐ Yes ☐ No - If no, give start date: _____ or end date: _____

NARRATIVE

1) Briefly describe employee duties during this quarter. Specifically name activities the organization was able to continue or undertake because this position was reinstated, retained or fully restored.

2) The Commission would like stories about any program, event or service that you feel was particularly affected by the preservation of the job supported by this grant. This information may be used in reporting to the General Assembly, Governor's office or the National Endowment for the Arts. Please attach as many additional pages as you need. You may submit more than one example if desired.

CERTIFICATION of Authorized Official

"I hereby certify that, to the best of my knowledge, all information in this quarterly report is complete and accurate and that all expenditures were incurred solely for the purpose of this grant."

Name _____ Title _____
(please type)

Signature _____ Date _____

Submit completed report by the requested deadline to:

Virginia Commission for the Arts
Attn: Foster Billingsley, Deputy Director
223 Governor Street
Richmond, Virginia 23219
(804) 225-3132
Foster.billingsley@arts.virginia.gov

The Virginia Commission for the Arts will not accept quarterly reports via fax or email.